## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10826 968

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN	
TOTAL CLAIMS			20		·		]	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20minus 20=		•	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			// m			/		X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	7.
* If the difference in column 1 is less than zero, enter *					=0= in ¢	column 2		TOTAL		OR	TOTAL	856
CLAIMS AS AMENDED - PART II									OTHER	THAN		
_	·	(Column 1)	<b>T</b>	(Colun		(Column 3)		SMALL		OR	SMALL	
<b>AMENDMENT A</b>	10-17-65	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· <i>6</i> 23	Minus	** '	20	= 3	] [	X\$ 9=		OR	X\$18=	150
	Independent	. 5	Minus	***	4	= /		X43=		OR	<b>¥86</b> ≡	200
<u> </u>	FIRST PRESE	NTATION OF M	JUIPLE DE	PENDENI	CLAIM		, L	+145=	-	OR	+290=	·
	,					•	L	TOTAL		OR	TOTAL	
		(Column 4)	,	(Calum	a)	(Calumn 3)		DDIT. FEE			ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	7 г		ADDI-		·	ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus <sub>.</sub>	**	_	=	]	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MIL	Minus	***	01.444		П	X43=.		OR	X86=	
	ring! PRESE	NIATION OF MIC	CTIPLE DEP	ENDENT	CLAIM		۱,	+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL	·
		(Column 1)		(Colum	m; 2)	(Column 3)	. ~	DD11. 1 LL =			DOM: TELE	•
AMENDMENT C	,	CLAIMS REMAINING AFTER AMENDMENT	·. 	HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	ľ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		<b>3</b>		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=		OR	X86=	
`	FIRȘT PRESE	┞			<u>ب</u>							
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OPTION OF TOTAL ADDIT. FEE												
		ber Previously Paid					r foun	d in the appr	opriate box	in cok	mn 1.	